



Combined Declaration for Patent Application and Power of Attorney

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

COMPRESSIBLE FOAM TAPES AND METHOD OF MANUFACTURE THEREOF, the specification of which

(check
one)

☒

is attached hereto.

☐ was filed on

as Application Serial No.

and (if applicable) was amended on:

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day Month Year Filed)	YES	NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status- patented, pending, abandoned)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/220,906

7/26/2000

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, and/or agents with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

CUSTOMER NUMBER 23413

ADDRESS ALL CORRESPONDENCE TO:

CANTOR COLBURN LLP
55 Griffin Road South
Bloomfield, CT 06002, USA

DIRECT ALL TELEPHONE CALLS TO:

Michael A. Cantor
Philmore H. Colburn II
(860) 286-2929
Facsimile (860) 286-0115

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

Full Name of Sole or First Inventor	Inventor's Signature	Date
Bruce E. Price	<i>Bruce E. Price</i>	7-30-01
Residence	Citizenship	
1722 Route 197, Woodstock, Connecticut 06281	United States	
Post Office Address		
1722 Route 197, Woodstock, Connecticut 06281		
Full Name of Second Joint Inventor, If Any	Inventor's Signature	Date
Brett W. Kilhenny	<i>Brett W. Kilhenny</i>	7/30/01
Residence	Citizenship	
145 Highland Road, Mansfield Center, Connecticut 06250	United States	
Post Office Address		
145 Highland Road, Mansfield Center, Connecticut 06250		
Full Name of Third Joint Inventor, If Any	Inventor's Signature	Date
Residence	Citizenship	
Post Office Address		
	Inventor's Signature	Date
Residence	Citizenship	
Post Office Address		